



CITY OF SAN DIEGO TEEN COURT
P.O. Box 12419 - San Diego, CA 92112 - (619) 533-6099

VICTIM IMPACT FORM

Name: _____

Address: _____

Phone: _____

Defendant's Name: _____ Charge: _____

Please fill out the following as thoroughly as possible. Feel free to use the back of the page if necessary.

The above-stated crime affected me in the following ways:

Tangible (i.e. costs of repair or replacement): _____

Intangible (i.e. emotional costs): _____

Other things you would like the jury to know: _____

Please send this form to the Teen Court staff in one of the following ways:



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- 1) *Fax – 619-533-6051;*
- 2) *E-mail: sdteencourt@yahoo.com;*
- 3) *Mail: P.O. Box 12419, San Diego, CA 92112*